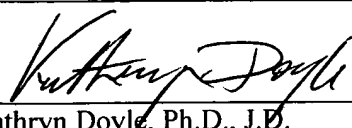




1615

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PTO/SB/22  
OMB 0651-0031

|   |  |   |                         |
|---|--|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |  | <b>Docket Number (Optional)</b><br>60020-5001US                                     |                         |
| In re application of: Yi Li <i>et al.</i>   |  |   |                         |
| Application No.: 09/980,614   |  | Filed: April 17, 2002   |                         |
| For: BONE MARROW TRANSPLANTATION FOR TREATMENT OF STROKE  |  |   |                         |
| Art Unit: 1615  |  | Examiner: Carlos A. Azpuru  |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.  |  |   |                         |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired):  |  |   |                         |
|   |  | Large Entity  | Small Entity            |
|   | One month (37 CFR 1.17(a)(1))  | \$ 120  | \$ 60                   |
|   | Two months (37 CFR 1.17(a)(2))   | \$ 450  | \$ 225                  |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3))   | \$1020  | <b>\$ 510</b>           |
|   | Four months (37 CFR 1.17(a)(4))  | \$1590  | \$ 795                  |
|   | Five months (37 CFR 1.17(a)(5))  | \$2160  | \$1080                  |
| <input checked="" type="checkbox"/>   | Applicant claims small entity status. See 37 CFR 1.27.   |   |                         |
| <input checked="" type="checkbox"/>   | A check in the amount of the fee is enclosed.  |   |                         |
|   | Payment by credit card. Form PTO-2038 is attached.   |   |                         |
|   | The Director has already been authorized to charge fees in this application to a Deposit Account.  |   |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any deficiency or credit any overpayment of fees, to Deposit Account Number 50-0573. A copy of this sheet is enclosed. |   |                         |
| I am the  |  |   |                         |
|   | Applicant/inventor   |   |                         |
|   | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |   |                         |
| <input checked="" type="checkbox"/>   | attorney or agent of record.   |   |                         |
|   | Attorney or agent of record under 37 CFR 1.34(a).<br>Registration number if acting under 37 CFR 1.34(a):   |   |                         |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |  |   |                         |
| Signature   |  |  |                         |
| Typed Name  |  | Kathryn Doyle, Ph.D., J.D.  | Registration No. 36,317 |
| Date  |  | July 26, 2006   |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |  |   |                         |
| <input checked="" type="checkbox"/>   | Total of one (1) form is submitted.  |   |                         |

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